

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JT	69007	11/3/00
O.I.P.E. CLASSIFIER	MD	59	01-13-00
FORMALITY REVIEW		69055	2-1-00
RESPONSE FORMALITY REVIEW		69055	3-9-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/3/00
2	✓	✓	11/3/00
3	✓	✓	11/3/00
4	✓	✓	11/3/00
5	✓	✓	11/3/00
6	✓	✓	11/3/00
7	✓	✓	11/3/00
8	✓	✓	11/3/00
9	✓	✓	11/3/00
10	✓	✓	11/3/00
11	✓	✓	11/3/00
12	✓	✓	11/3/00
13	✓	✓	11/3/00
14	✓	✓	11/3/00
15	✓	✓	11/3/00
16	✓	✓	11/3/00
17	✓	✓	11/3/00
18	✓	✓	11/3/00
19	✓	✓	11/3/00
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25	✓	✓	11/3/00
26	✓	✓	11/3/00
27	✓	✓	11/3/00
28	✓	✓	11/3/00
29	✓	✓	11/3/00
30	✓	✓	11/3/00
31	✓	✓	11/3/00
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43	✓	✓	11/3/00
44	✓	✓	11/3/00
45	✓	✓	11/3/00
46	✓	✓	11/3/00
47	✓	✓	11/3/00
48	✓	✓	11/3/00
49	✓	✓	11/3/00
50	✓	✓	11/3/00

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
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95	✓	✓	
96	✓	✓	
97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
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140	✓	✓	
141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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